

MINUTES
San Bernardino County
BEHAVIORAL HEALTH COMMISSION MEETING
April 6, 2017 - 12:00-2:00 pm

Commissioners Present: Monica Wilson, Ed O'Brien, Veatrice Jews, Susan McGee-Stehsel, Troy Mondragon, Paul Williams, Catherine Inscore, Carol Kinzel, Akin Merino, Jennifer Spence-Carpenter, Sean Welsh

Excused Absence: May Farr, Michael Grabhorn

Absent: Christopher Massa, Jane Godager

Guests: Juan Carlos Garcia, Beverly Paulson, Mary Oliveros, Felix Beltran, Hazzley Thomas, LaShay Robertson, Shannin Swims, Cheryl McAdam, Justin Seals, Ernest Leon, Maria Stockham, Angela Chavez, Carl Mascarella, Kristen Mungcal, Sandra Sesma-Ramirez, Christina DeRoulhoc, Claire Karp, Brittany H, Virginia Espinosa, Ralph Williams, Donna Villasenor, Claudia Silva, DeAndrea Porch, Dana Davis-Sloves, Christina Temple, Sandi Bentz, Wayne Henkelman, Rebecca Ballinger, Jennie Earl-Wagner, Kristy Ruiz, Landon Sharp, Heather Louer, Teresa Frausto, Erin Zamora, Pamela Williams, Karen Cervantes, Dianne Sceranka, Lois Mergener, Todd Holder, Hanna Keith, Angela Ortega, Tricia Navarro, Marina Espinosa, Sonia Rubio, Lorraine Cortes, Faith Ikeda, Jennifer Gonzalez, M. Oliver, Ashley Banks, Gayle Morrow, Jane Smith, Marco Ulloa, Greg Rossler, Josh Morgan, Mary Davis, Nancy Eberhardt, Nathan Trujillo, Leann Ficarra, Zoraidia Castro, Terri Franklin, Nancy Olsen, Janice McDermott, C. Placide, Cynthia Miller, Daniel Vieyra, Laurence Gonzaga, Antwanette Knapper, Shinay Bowman, Wandalyne Lane, Jeremy Sanquist, Georgina Yoshioka, Rene Keres, Kristiann Smith, Jamesia Brown, Gabriel Horne, Hector Lopez, Anjali Sequeira, Doris Turner, Ellen Zacharias, Kent Paxton, Jose Solorzano, Victoria Hall, Jessica Aguilar, Carol Davis, Patrice Brown, M. Victoria Bianchi, Kevin Smith, Jon Buffong, Beverly Scott, Michelle Dusick, Jessica Headly, Karen Proctor, Christina Entz, Vivian Bermudez, Tracy Bomberger, Richard Lindsey, Michael McCain, Julio Jimenez, Wendy Whitaker, Enrique Camacho, Maria Chavez, Edwin Henderson, Josephine Williams, Rachel Cierpich, Marlene Ventura, Greg McDermott, Allison Cunningham

Minutes recorded by Raquel Ramos, Clerk of the Behavioral Health Commission (BHC).

CALL TO ORDER AND INTRODUCTIONS

Chair, Monica Wilson called the meeting to order at 12:07p.m. Commissioner Troy Mondragon led the Pledge of Allegiance and self-introductions followed.

Tab 5: Review Minutes of 3/2/2017.

APPROVED

Motion/Second: Ed O'Brien, Jennifer Spence-Carpenter

AYES: Monica Wilson, Veatrice Jews, Susan McGee-Stehsel, Troy Mondragon, Paul Williams, Catherine Inscore, Carol Kinzel, Akin Merino

ASBSTAIN: Sean Welsh

ABSENT: Christopher Massa, Jane Godager; May Farr, Michael Grabhorn

DATA NOTEBOOK PRESENTATION

The theme for the 2016 California Behavioral Health Boards and Commissions notebook was children and youth services.

Commissioners Ed O'Brien, Veatrice Jews and Troy Mondragon worked in conjunction with Department of Behavioral Health (DBH) Program Managers to report on San Bernardino County's behavioral health services

The Data Notebook is designed to meet these goals:

- Assist local boards to meet their legal mandates to review the local county mental health services and report on performance every year.
- Function as an educational resource about mental health data for local boards.
- Enable the California Mental Health Planning Council (CMHPC) to fulfill its mandate to review and report on the public mental health system in our state.

The theme for the 2016 Notebook was Access to Services for Youth, Children and their Families/Caregivers and Special Populations. DBH highlighted five strategies that illustrate how DBH provides access:

- Strategy #1 – Prevention and early intervention, including partnerships with schools
- Strategy #2 – Expansion of Full Service Partnership (FSP)
- Strategy #3 – Substance use disorder prevention, screening, and services
- Strategy #4 – Collaboration with courts and justice system
- Strategy #5 – Community-based programs

Programs in Prevention and early intervention, including partnerships with schools are:

- Student Assistance Program (SAP)
- LIFT program for mothers with infants
- Preschool Prevention & Early Intervention program
- Resilience Promotion in African American Children program
- National Curriculum and Training Institute (NCTI) Crossroads curriculum
- Military Services and Family Support program
- Crisis services, including Community Crisis Response Team (CCRT)

Efforts toward expansion of FSPs include:

- Increased contracting
- Addressing the system-wide increase to higher needs children and youth under Continuum of Care Reform (CCR).
- Services in collaboration with Children Family Services (CFS) & Probation:
 - In-home FSP like with Success First/Early Wrap
 - Children's Residential Intensive Services

Efforts toward Substance use disorder prevention, screening, and services include:

- Alcohol and Other Drug Counselors in programs throughout system of care
- Prevention service design according to DHCS framework
- Youth Residential Treatment and Withdrawal Management
- Events to emphasize Recovery

Programs that highlight DBH collaboration with courts and the justice system include:

- Forensic Adolescent Services Team (FAST)
- Child and Youth Connection (CYC)
- Juvenile Justice Community Reintegration (JJCR)
- Court for the Individualized Treatment of Adolescents (CITA)
- Juvenile Mental Health Court (JMHC)
- Juvenile Drug Court (JDC)

Examples of DBH Community based programs are:

- Coalition Against Sexual Exploitation (CASE)
- Partnerships with faith-based organizations (FBOs)
- Community Health Workers
- *Promotores de Salud*
- Family Resource Centers
- Identifying post-partum depression as major risk factor for children who are removed from their homes (in partnership with CFS).
- Programs and Services in the DBH Clinics

DBH efforts toward targeted access and strategies include services such as:

- Parent Child Interactive Therapy

- Family Therapy
- LIFT program
- Maternal mental health program (in collaboration with 211)
- Family Resource Centers
- Preschool Prevention & Early Intervention
- School-based interventions and collaborations

In an effort to target the Foster Youth population, DBH makes efforts to identify and link children and youth to services and ensure children and youth receive appropriate care. Program examples include:

- Collaboration with CFS to refer to Child and Youth Connections (MHSA) or Health Homes: Screening, Assessment, Referral, and Treatment (SART).
- Appropriate care monitored by multi-agency data collection and data reviews, include Katie A
- One Stop TAY programs
- Dependents of Juvenile Detention and Assessment Center (JDAC) are assessed for referral or joint supervision in collaboration with CFS and DBH.

In an effort to target the LGBTQ Youth population, DBH's specific strategies include:

- Community Health Worker, Rainbow Pride Youth Alliance program for LGBTQ Youth. Objectives for this program include engaging, encouraging, educating, training and learn how to respond to early signs of persistent mental illness.
- The One Stop TAY and STAY programs hold LGBTQ-specific groups and provide services for support. Both programs provide peer education on how to support LGBTQ people.
- Student Assistance
- Family Resource Centers are safe zones for LGBTQ youth
- Educational efforts by DBH Office of Cultural Competence and Ethnic Services (OCCES) to LGBTQ families on issues such as bullying, risk of suicide, and education about behavioral health conditions and provides education to other county departments on the needs of LGBTQ people.

Andre Bossieux, Program Manager for TAY introduced Yesinia, Chief Resource Specialist at the STAY program. Yesinia was a former volunteer at the TAY program. Yesinia runs an LGBTQ youth group under an evidenced based curriculum called My Identity My Self (MIMS), that addresses coming out and discrimination. Yesinia has observed these groups assisting in allowing LGBTQ youth to focus on their mental health instead of their sexual orientation and or gender identity.

DBH identified urgent needs in the 2016 Data Notebook:

- Children entering FSP need help with family or interpersonal conflict, school problems; are a danger to themselves or others. They often need family support and parenting resources. They can be former system involved youth with substance use problems, They also need an improved understanding of LGBTQ youth population
- Employment supportive services, similar to educational supportive services, for TAY.
- Wrap-around and service capacity with Continuum of Care Reform (CCR) and for out-of-county foster youth.
- Homeless Outreach

Dr. Morgan thanked everyone who participating in the 2016 Data Notebook.

SUBJECT MATTER PRESENTATION: Laura's Law Power Point Presentation

DBH Director, Veronica Kelley outlined the plan for today's Stakeholder presentation. She will present facts on Laura's Law (AB1421) and will have contributions from speakers from critical DBH partners that would have requirements under Laura's Law, including the most important part of Laura's Law the people served by DBH. Veronica reminded attendees to complete the survey provided to them as they signed into today's meeting after they have heard today's presentation. This survey will give them the opportunity to provide their opinion on if they agree with Laura's Law. She advised the audience that no decisions on Laura's Law will be made today. Information will be gathered and presented again at a later date.

Laura's Law was passed by California legislature in 2002 following the death of Laura Wilcox from Nevada County, who was murdered by a man who refused psychiatric treatment. It is modeled after Kendra's Law in New York. Also known as Assisted Outpatient Treatment, this law allows counties to court order outpatient treatment to address behavioral health needs of a specific group. Laura's Law is not a funded mandate. Laura's Law is voluntary by County. Laura's Law does not allow for forced medication.

To be eligible for Laura's Law you must be:

- 18 years or older and have severe mental illness;
- Be unlikely to survive in the community without supervision;
- History of treatment noncompliance;
- Participation in Assisted Outpatient Treatment (AOT) would be least restrictive; don't meet requirements for 5150;
- Eligibility based on at least 2 incidents of hospitalization or incarceration within 36 months or 1 incident of serious/violent acts, threats attempts to self or other in past 48 months.

Referrals come from family members, law enforcement and licensed clinicians (in California most referrals come via family members). The County Mental Health Director is only one who can file petition with Superior Court who determines if he/she meets the eligibility criteria. If he/she meets criteria, they are referred to a program; must have 1:10 client to staff ratio. The person has right to legal representation, including a Public Defender, and all other due process allowed, including provision for Mental Health (MH) appointed examination if person refuses community based one. Treatment can be ordered by the Court based on the recommendation of a licensed professional for 6 months. Treatment must be community based, mobile, Multi-Disciplinary Team, high staff to patient ratio, outreach families and have provisions for housing. If individual refuses, can be ordered to 72 hour hold; then released.

There is requirement for Counties to report data to Department of Health Care Services (DHCS) who must develop a public report. This has not been done at state level.

Some concerns from a County MHP perspective are:

- Redundant services;
- Requirements for services from partners: Superior Court without a funding stream;
- This can include non Medi-Cal beneficiaries;
- Cost of funding non medically necessary inpatient hospitalizations; although can use Mental Health Services Act (MHSA) for AB1421, services are developed based on community stakeholder process which has never identified this specifically as a need for service in San Bernardino County (SBC).
- Civil Liberties;
- Size of County/court rooms;
- Non compliance isn't solved by coercion; and
- May be discriminatory vs. Mental Illness and persons of color.

Veronica introduced Nancy Eberhardt, CEO from Superior Court to the audience. Nancy shared thoughts on Laura's Law from a Superior Courts perspective.

- The Courts will always remain neutral on things decided by San Bernardino County (SBC).
- The Courts have observed wonderful DBH programs and the benefits they provide to the residents of SBC. The Courts have also observe the challenges SBC faces when providing services in general under certain programs.
- Funding for the Courts to implement Laura's Law would be a big challenge. Neighboring counties that are going with Laura's Law have projected a six figure price tag to implement the program. Data on what it would cost our county is not available at this time.
- Historically, SBC is the second most underfunded court within the state. SBC courts are also under judged and understaffed.
- DBH currently has a wonderful structure already in place.

Nancy introduced Wayne Henkelmann, Supervisor at the Superior Court Office of the Mental Health to share information on the Mental Health Court system.

- It will be very difficult for a county to actualize their system of care to successfully implement Laura's Law.
- San Diego County began taking applications six months ago, they received over 200. No appearances have been heard yet by the courts.
- Orange County began accepting applications last year. They are averaging calendaring 15 hearings, however only 2-3 have been heard. This is not unusual in mental health courts.
- Some hearing officers have reported some Laura's Law participants are ending up in the hospital.
- He has observed DBH alternatives to Laura's Law and is observing less and less people needing to be hospitalized.
- The expansion to the Community Crisis Response Team and the new Triage Engagement and Support Teams (TEST) program have been extremely effective. These programs are working with the same population described in Laura's Law.

Veronica introduced Greg Vander-Haeghen to speak on behalf of the clients DBH serves. Greg is on the Amazing Place Clubhouse Consumer board.

- Greg identified himself as someone that has benefited from DBH services.
- He read a consumer generated petition against AB 1421, Laura's Law.
"I will now read a consumer generated petition against Assembly Bill 1421, also known as Laura's Law. We mental health consumers from the clubhouses associated with the County of San Bernardino, Department of Behavioral Health ask the San Bernardino County Behavioral Health Commission to disallow the county's option of implementation of AB1421 the Assisted Outpatient Treatment Demonstration Project. Specifically this law, if adopted in our county would mandate voluntary mental health treatment, even against the will of selected individuals who are afflicted with mental health challenges. 1421 raises serious questions and concerns including it is prejudicial and discriminatory against individuals with mental health challenges. It inhibits individuals from seeking mental health services. It is a violation of individual civil liberties and free will. It may lead to stereo typing and stigma. Therefore we the undersigned consumers hereby petition that the San Bernardino County Behavioral Health Commission not support this piece of legislation. Thank you for your consideration."

Veronica covered additional DBH programs that cover the aspects of Laura's Law.

Recovery Based Engagement Support Team (RBEST):

- Provides field based services including outreach, engagement, case management, family education, support, and therapy. Is designed to treat adults living with untreated mental illness in an effort to "activate" the individual into the mental health system to receive appropriate services. Based on recovery philosophy and client directed care.
- Served 445 in FY 2015-16. Provided 4,093 engagement encounters.

Supervised Treatment After Release (STAR)

- STAR is voluntary for persons enrolled in Mental Health Court (MHC). The program includes 90 day residential treatment stay at Cedar House with Intensive Outpatient Treatment (IOT). Community STAR (CSTAR) for persons with SPMI and high utilizers of inpatient and jail- no formal oversight by court/probation.

Mental Health Court:

- Include formal monitoring by Probation and you must have a SPMI. High users of criminal justice system and inpatient hospitalizations.

Forensic Assertive Community Treatment (FACT):

- Has the same referral process as STAR/CSTAR/MHC, is a voluntary program. Community based services, 1:1, group, crisis intervention, medication support, case management housing, medical, financial and vocational support/assistance.
- Community FACT (CFACT) has no oversight of MHC.

Some additional services to meet needs that are already offered by DBH are:

- Community Crisis Response Team (CCRT). This program served 6,543 people in FY 2015-16- 4,075 crisis calls, and 2,468 non crisis linkage calls.

- Crisis Walk In Center (CWIC). There are currently clinics operating in Morongo Basin, Rialto and Victorville. Two more are coming in San Bernardino and Fontana. This program served 7,578 in FY15-16. 95% were diverted from psychiatric hospitalizations to less restrictive care.
- Triage Engagement Support Teams (TEST). This program served 987 in FY 2015-16 with 2,365 contacts; 1,028 from law enforcement sites, 774 from criminal justice agencies. 237 called for crisis encounters; 159 of these diverted from inpatient to less restrictive care setting. 6,880 minutes of law enforcement time was saved to respond to more emergent situations.
- Assertive Community Treatment (ACT). This program specializes in transitional populations from inpatient, IMD and state hospitals. 101 were served in FY2015-16. 79 out of the 101 are now able to manage their own medications.
- Members Assertive Positive Solutions (MAPS). This program serves high utilizers of inpatient/crisis services.

These programs display DBH's mission and vision to support recovery, resilience and utilize a standard of care in field of recovery based, patient centered theory. Veronica reminded attendees to complete the survey provided to them as they signed into today's meeting now that they have heard today's presentation.

PUBLIC COMMENT

Jenna Lee spoke regarding her son and though the programs presented here today seem great, her son has not been able to benefit. She is here today to support Laura's Law. Since none of the existing programs have been offered to her son she is hopeful that Laura's Law will. She shared his mental health diagnosis, history with substance abuse and self-medication. She participates in support groups and has called DBH services. She observes many fall through the cracks. Her son has had trouble with applying for supplemental security income because he was not found to be severely ill. He is homeless, has had many incarcerations and not receiving the services presented today.

Robert Chambers shared that he is schizophrenic and bipolar. He is opposed to Laura's Law because he feels that he would be unfairly admitted. He is a commercial driver and was suspended two to three months ago. It will be difficult for him to get a psychological evaluation to get himself back to work.

Britney (no last name provided) explained that she is an addict. She feels that someone that finds faith will help with their mental illness.

Felix Beltran commented that this is the first meeting he is attending for this county. He has tremendous respect for what everyone is advocating for. He is here today as an organizer for Service Employees International Union (SEIU) local 2016. Today he is drawing attention to two facilities operated by Genesis. These are behavioral health facilities that receive contracts from the county for in home support services and nursing facilities. He is asking the commission to consider the testimony of workers for these sites and understand their challenges. These workers face daily threats due to unresolved safety issues at these facilities and are not fairly compensated. He acknowledged the hard work of providing services at these facilities.

Hazzley Thomas works at a skilled nursing facility as a Licensed Vocational Nurse serving mentally disabled residents. The facility she works at has a contract with San Bernardino County. She is here today to ask to receive the hourly wage prescribed by law for her and her co-workers. She has worked at this facility for almost three years. The facility she works at is short staffed. The work is challenging, however it is her choice. She does whatever she can to help those in need. There was a recent incident where her co-worker noticed a resident had unusual behavior. She left his room and he followed her out and swung and hit her. She is now going through therapy. She is asking for the commission investigate this matter and assist in enforcing this wage law.

LaShay Robertson works in a skilled nursing facility as a certified nurse assistant and a mental health counselor. This facility currently has a contract with San Bernardino County. She is asking that this facility pay their workers the mandated hourly rate for a skilled nursing facility. She has worked at this facility for four years. She makes only a few cents above minimum wage. There was a time when she was helping a resident and another resident decided to attack her. She had to go to the hospital which resulted in a staff shortage and placed her co-workers at risk. She is asking the commission to look into this matter to help her and her co-workers get paid the mandated rate.

Mary Oliveros shared that she is suffering from a mental illness, paranoia and depression. She feels like she is getting better with the support of the Mesa Clinic.

Lorraine Cortez is a member of the Serenity Clubhouse in Victorville. She has worked as a security officer for many years. She is not in support of Laura's Law because is afraid it will keep her from passing a background check. She has been a mental health consumer for over thirty two years.

Michael McCain shared that the Amazing Place clubhouse has supported him and he is against Laura's Law.

CHAIR'S REPORT

Chair Monica Wilson shared that she participated in a Community Vital Signs Steering Committee and attended the student advisory panel as a part of this committee's transformation plan.

COMMISSIONERS' REPORT

First District:

Vice Chair Ed O'Brien shared his thoughts on the economics of health care and fair wages, the Commission has very little impact on wages. The Commission does though have a part to play in workforce development, training and retention. He knows DBH has been before the board to ask for increases in wages, specifically for psychiatrists. As a parent of a disabled child, the thoughts of what will happen to his child when he is gone always resonate with him.

Commissioner Paul Williams commented on the lack of resources for the mentally ill homeless, specifically in the High Desert area. He is excited for the opening of the Crisis Residential Facility.

Second District:

Commissioner Carol Kinzel the Rim Community Resource Fair is taking place May 20. Flyers are available at the sign in table.

Commissioner Sean Welsh thanked everyone who presented today and is hopeful to implement suggestions.

Third District:

Commissioner Troy Mondragon acknowledged Kent Patterson for his contribution to juvenile services. He thanked Assembly Member Chad Mays, Assembly Member Mark Steinberg and Supervisor Ramos for their recognition and support of mental health.

Commissioner Cathy Inscore is giving a mental health first aid presentation to her campus on April 18. She is working with the LGBTQ population utilizing her mental health first aid training.

Fourth District:

Commissioner Jennifer Spence-Carpenter attended the State of the County event. She is still attending addiction and recovery training.

Fifth District:

Commissioner Veatrice Jews participated in the completion of the data notebook. She attended the State of the County event as well.

Commissioner Susan McGee-Stehsel attended a District Advisory meeting. There was much discussion on how well the clubhouses are doing. She is encouraging the development of more clubhouses. She met with Supervisor Josie Gonzales and discussed continuity of care.

NEW BUSINESS – ACTION ITEM(S)

Tab 9: Approval to pay California Association of Local Mental Health Boards/Commission Annual Dues \$500.

APPROVED

Motion/Second: Susan McGee-Stehsel, Troy Mondragon

AYES: Monica Wilson, Ed O'Brien, Veatrice Jews, Paul Williams, Catherine Inscore, Carol Kinzel, Akin Merino, Jennifer Spence-Carpenter, Sean Welsh

ASBSTAIN:

ABSENT: Christopher Massa, Jane Godager; May Farr, Michael Grabhorn

DIRECTOR'S REPORT

Director Veronica Kelley commented that we are in contact with our local labor relations representative and have been addressing the wage requirement issues raised today.

OUTSIDE AGENCY REPORTS

- Victoria Hall directed attendees to see the flyers left at the sign in sheet. There are many May Mental Health Month activities coming up. She hopes to see everyone in green next month's Commission meeting. The kickoff event is May 2, 2017, the meet the artist event. The Crisis Residential Facilities are having ground breaking ceremonies next week.
- Michelle Dusick directed commissioners to the binders left at their seats it is the draft Mental Health Services Three Year Integrated Plan. This is also posted on the DBH website under MHSA. The plan is now up for 30 day review. Next month's Commission meeting will include a public hearing.

ADJOURNMENT

Meeting adjourned at 2:00 p.m.

Monica Wilson, Chair
Behavioral Health Commission

Raquel Ramos
Clerk of the Behavioral Health Commission